

# Want to learn more about vaccine safety? Want to provide feedback to the government about priorities for vaccine research?

**INDIANAPOLIS** Make **your voice heard**  
on decisions about vaccine safety

If so, the U.S. Department of Health and Human Services' National Vaccine Advisory Committee (NVAC) wants to hear from you.

Ensuring the safety of vaccines is of vital importance to all Americans. Scientific research activities conducted by the Centers for Disease Control and Prevention's Immunization Safety Office (CDC/ISO) are an important part of maintaining the quality and safety of the nation's vaccines. The NVAC is seeking input from the public, which will help finalize and prioritize vaccine safety research plans for CDC/ISO.

Space is limited to approximately 75 participants and registration is required for participation. To participate, you must live within 100 miles of Indianapolis and you must be able to attend the meeting for the entire day.

The Keystone Center is a non-profit organization that has been hired to facilitate the meetings.

#### Participating Organizations:

Association of State and Territorial Health Officials (ASTHO)  
Centers for Disease Control & Prevention (CDC)  
Department of Health and Human Services (HHS)  
National Association of County & City Health Officials (NAACHO)  
The Keystone Center

#### WHEN

January 17, 2008  
Registration and breakfast  
begin at 8am  
Meeting 9am-4pm

#### WHERE

The American Red Cross of  
Greater Indianapolis  
441 E. 10th Street, Indianapolis,  
IN 46202-3388

#### FREE

No fee to attend; continental  
breakfast, lunch & refreshments  
provided. We are unable to provide  
daycare services.

#### REGISTER

Register online at:  
[www.keystone.org/registration/  
indiana](http://www.keystone.org/registration/indiana)

#### OR

Call: Amber Brummer at  
1-800-219-6670

#### OR

Fax: 970-262-0152



# We need your voice!

## TO REGISTER:

**Online:** [www.keystone.org/registration/indiana](http://www.keystone.org/registration/indiana) (or)

**Fax:** 970-262-0152 (or)

**Call:** Amber Brummer at  
1-800-219-6670

Name:

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Mailing Address:

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State:

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Zip:

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Home Phone:

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Email:

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### Please provide the following information:

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Are you a parent or guardian of children 18 or younger?

☐ Yes ☐ No

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How confident are you in the safety of routine childhood vaccinations?

☐ Not at all confident

☐ Somewhat confident

☐ Confident

☐ Very confident

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Completing this pre-registration and attending this meeting qualifies attendees for a stipend of \$50.00. Do you request the stipend?

☐ Yes ☐ No

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Do you have any special needs (for example: dietary restrictions, translation services, or building access needs)? If so please specify:

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Please submit any comments or questions that you may have in the space provided below.

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